

## LEASE ORDER INPUT FORM

Department/Organization Name
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**The Commonwealth of Massachusetts  
Office of the Comptroller**

Revised: 8/2/01

Document ID							
<b>Trans LO</b>	Dept	R/Org	Number	LO Date	Acctg Prd	Bud FY	Action: Entry (E) Modify (M)
Vendor Code		Vendor Name				Description	
Lease Type	Comments:			PV Number	PV Start Date	PV End Date	Sched ID
Document Total		Imputed Interest Rate		Renewal Indicator			

LN	Dept	Org	S/Org	Approp	Sub	Obj	S/Obj	Prog	TY	Proj/CI/Group	Rptg
Periodic Payment			Terms Of Agreement			Line Amount		I/D	Out-Yr Obligation Amt		Yrs
			From	To							

LN	Dept	Org	S/Org	Approp	Sub	Obj	S/Obj	Prog	TY	Proj/CI/Group	Rptg
Periodic Payment			Terms Of Agreement			Line Amount		I/D	Out-Yr Obligation Amt		Yrs
			From	To							

LN	Dept	Org	S/Org	Approp	Sub	Obj	S/Obj	Prog	TY	Proj/CI/Group	Rptg
Periodic Payment			Terms Of Agreement			Line Amount		I/D	Out-Yr Obligation Amt		Yrs
			From	To							

Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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